| • 2  |  |  |                  |            |              |                |          | pplication or Docket Number |               |                     |   |   |  |
|--|--|--|------------------|------------|--------------|----------------|----------|-----------------------------|---------------|---------------------|---|---|--|
| ,  | PATENT APPLICATION FEE DETERMINATION RECORD    |  |                  |            |              |                |          |                             |               |                     |   |   |  |
| Effective October 1, 2000  |  |  |                  |            |              |                |          |                             | 04849304.     |                     |   |   |  |
|  |  |  |                  |            |              |                |          |                             | NTITY .       |                     | OTHER   | THAN .                                  |  |
| -  | TAL OLABAC                                     |  | (Column          | 1)         | (Colu        | mn 2)          | TYP      | £ C                         |               | OR                  |   | ENTITY                                  |  |
| TOTAL CLAIMS.  |  |  | 14:              |            |              |                |          | ATE                         | FEE           |                     |   |   |  |
| FOR  |  |  | NUMBER FILED     |            | NUMBER EXTRA |                | 245      | IC FEE                      | 355.00        | OR                  | BASIC FEE   | 710.00                                  |  |
| TO   | TAL CHARGEA                                    | BLE CLAIMS   | 14_min           | us 20=     | ·d           |                | ×        | \$ <b>9</b> =               |               | OR                  | X\$18=  |   |  |
| INDEPENDENT CLAIMS   |  |  | 4_mi             | nus 3 =    | / /          |                | X        | 40=                         |               | OR                  | X80=  | •                                       |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI  | RESENT           |            |              |                |          | 25                          |               |                     | .270-   |   |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2 |  |  |                  |            |              |                |          | 35=                         |               |                     |   | •                                       |  |
|  |  |  |                  | π          | TAL          | <u> </u>       | OR       |                             |               |                     |   |   |  |
| CLAIMS AS AMENDED - PART II  4-2/-> (Column 1) (Column 2) (C             |  |  |                  |            |              |                | SI       | <b>IALL</b>                 | ENTITY        | OR                  |   | • |  |
| 199  |  | CLAIMS<br>REMAINING  |                  | RIGH       | EST<br>BER   | PRESENT        |          |                             | ADDI-         | -                   | 160   | ADDI-                                   |  |
| AMENDMENT A  |  | AFTER  |                  | PREVI      | OUSLY        | EXTRA          | R        | ATE                         | TIONAL<br>FEE |                     | RATE  |   |  |
|  | Total  | AMENDMENT .  | Minus            | - 2        |              | - Ø            | ╽┝       | s 9=                        |               | .:<br>.:            | X\$18=  |   |  |
|  | Independent                                    | . 4  | Minus            | •••        | 4            | - 6            |          |                             |               | .:                  |   |   |  |
| ¥  |  | NTATION OF M   | ULTIPLE DEI      | PENDEN     |              |                | [_^      | 40=                         |               | OR                  | A00-8   |   |  |
|  |  |  |                  |            |              |                | +1       | 35=                         |               | OR                  | +270=   |   |  |
|  |  |  |                  |            |              | ADD            |          |                             | OR            | TOTAL<br>ADDIT. FEE |   |   |  |
| 11   | -8-D5 (Column 1) (Column 2) (Column 3)         |  |                  |            |              |                |          |                             |               |                     |   | •                                       |  |
| AMENDMENT B  |  | REMAINING  |                  | NU         | ABER         | PRESENT        |          | ATC                         | ADDI-         | <b>l</b> '          | BATE  | ADDI-                                   |  |
|  |  | AFTER<br>AMENDMENT   |                  |            |              | EXTRA          |          | HAIE                        | FEE           |                     | TAILE   | FEE                                     |  |
|  | Total  | . 17   | Minus            | •• 2       | 20           | - 0            | X        | \$ 9=                       |               | OR                  | X\$18=  |   |  |
|  | Independent                                    | • 3.   | Minus            | ***        | 4            | a .            |          | 40=                         |               | i                   | X80=  |   |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |  |                  |            |              |                | ]  -     |                             | <del> </del>  | 1                   |   |   |  |
|  |  |  |                  |            |              |                |          |                             |               | •                   |   | 1                                       |  |
|  |  |  |                  |            |              |                |          |                             |               | JOR                 | ADDIT. FEE  | <u> </u>                                |  |
| _  | (Column 1) (Column 2) (Column 3)               |  |                  |            |              |                |          |                             |               |                     |   |   |  |
| AMENDMENT C  |  | REMAINING  |                  | NUI        | WBER         | PRESENT        | ۱۱.      | ATF                         |               |                     | RATE  |   |  |
|  |  | AMENDMENT  |                  |            |              | EXITA          |          | ~···                        | FEE           |                     |   | FEE                                     |  |
|  | Total  | •  | Minus            |            |              | -              | ]   x    | \$ 9=                       |               | OR                  | X\$18=  |   |  |
|  | Independent                                    | •  | Minus            | •••        |              | -              | 1   7    | 40=                         |               | OP.                 | X80⇒  |   |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |            |              |                |          |                             | <del> </del>  | 1                   | 1070  |   |  |
|  | If the entry in order                          | mn 1 is less than  | the entry in col | umn 2. wr  | ite "O" in a | otumo 3.       |          |                             |               | -                   | OTHER THAN SMALL ENTITY  RATE FEE  OR BASIC FEE 710.00  OR X\$18=  OR 10TAL  OTHER THAN OR TOTAL  OTHER THAN SMALL ENTITY  ADDI- RATE TIONAL FEE  OR X80=  OR ADDIT. FEE  OR ADDIT. FEE  OR X80=  OR ADDIT. FEE |   |  |
|  | If the "Highest Nu                             | T PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +135= OR +270=  TOTAL OR ADDIT. FEE  CAUMS REMAINING AFTER PREVIOUSLY PAID FOR PRESENT FEE |                  |            |              |                |          |                             |               |                     |   |   |  |
|  | The Toghest Num                                | nber Previously P  | aid For (Total o | or Indepen | ident) is th | e highest numb | er found | in the a                    | ppropriata bo | o ni xx             | olumn 1.  |   |  |